



Morongo Basin Health Care District
Community Health Center
GOVERNING BOARD MEETING
MINUTES of Thursday, August 8, 2024, 6:00 p.m.

This meeting convened on the District's campus at 6530 La Contenta Road, Suite 400, Yucca Valley, CA 92284. The meeting was also accessible by Microsoft Teams remote platform.

***Mission Statement:** To improve the health and wellness of the communities we serve.*

***Vision Statement:** A healthy Morongo Basin.*

***Core Values:** Commitment, Collaboration, Accountability, Dignity, Integrity, and Equity*

PRESENT:

- Cody Briggs (*present*)
- Patricia "Pat" Cooper (*present*)
- Bryan Goldfarb (*absent*)
- Nicola Keller (*absent*)
- Jennifer Rendon (*absent*)
- Jackie Todd (*present*)
- Marc Greenhouse (*remote*)
- Mary Dunn (*present*)

STAFF:

- Cindy Schmall, CEO (*present*)
- Tela Thornett, HR Coordinator (*present*)
- Tina Huff, Chief Clinical Operations Officer (*present*)
- Janeen Duff, Program Dev. Liaison (*remote*)
- Tricia Gehrling, Chief Patient Experience/Compliance Officer (*present*)

CALL TO ORDER – Board meeting was called to order by Pat Cooper at 6:00 p.m.

ROLL CALL - Tela Thornett, HR Coordinator, conducted roll call and confirmed there is a quorum.

OBSERVANCES –

Pat Cooper led the pledge.

Jackie Todd read the Mission and Vision statements.

PUBLIC COMMENTS – None

APPROVAL OF MEETING AGENDA -

Motion 24-34: MSC (Briggs/Todd) 4/0/3 motion carried to approve the agenda.

APPROVAL OF CHC CONSENT AGENDA –

- July 11, 2024, Meeting Minutes

Motion 24-35: MSC (Briggs/Todd) 4/0/3 motion carried to approve the Consent Agenda with the spelling correction to Tricia Gehrlein's name.

DISCUSSION AND APPOINTMENT OF MARY DUNN TO THE CHC BOARD – *Cindy Schmall, CEO*

CEO Schmall introduced Mary Dunn as a potential Board member and read off her skills, that she had listed on her application, as outreach/advocacy, special events, and organization. Mrs. Dunn stated, “I shall consider it a privilege to be with a group of dedicated individuals whose purpose is to bring healing and healthcare to our communities.” Mrs. Dunn expressed that she absolutely supports the mission statement and thanked the Board members for inviting her to be on the Board.

Motion 24-36: MSC (Todd/Greenhouse) 4/0/3 motion carried by a unanimous vote to appoint Mary Dunn to the CHC Board of Directors.

POLICY NUMBER: CHC-PC-102 – PATIENT GRIEVANCES – *Tricia Gehrlein, Chief Patient Experience/Compliance Officer*

CPE/CO Gehrlein explained that the only change to Policy Number: CHC-PC-102 was a title change referenced within the policy. The title was changed to reflect Ms. Gehrlein’s title which replaced the Sr. Quality Manager title.

Motion 24-37: MSC (Briggs/Todd) 5/0/3 motion carried to approve the title change in Policy Number: CHC-PC-102 . *(This new vote reflects the newly appointed Board member Mary Dunn)*

FINANCIAL REPORT – *Debbie Anderson, CFO*

OVERVIEW

The clinic financials for the month of June show a loss of \$ (142,296) and year-to-date shows a loss of (1,157,249). (See tables 1 & 2)

The Department of Healthcare Services PPS audit was finalized on July 19th. The PPS rate, as audited, will be \$248.66 for Behavioral Health. This is up from our interim rate of \$163.49. Finance will be working through what this means based on back claims. Also, please note that June is held open longer due to it being the last month of the fiscal year. This is so that subsequent activity for patient receivables can be captured allowing for a better estimate on June 30th. As such, the numbers for June are not final – they are interim numbers only.

Table 1 Clinics June 2024

Clinics	Actual Mth	Budget Mth	Over/(Under)
Patient services (net)	595,636	656,734	(61,098)
Grant Revenue	151,149	156,197	(5,048)
340B Revenue	38,128	35,802	2,327
Capitation Fees	168,084	147,809	20,275
Records & Interest	345	128	217
Cost Report Adjustments	(182,720)	(116,667)	(66,053)
Quality	31,545	34,783	(3,238)
	802,168	914,786	(112,618)
Salaries - Clinic	404,599	463,282	58,682
Fringe - Clinic	98,115	106,306	8,191
Phys Fees - Clinic	93,880	76,232	(17,648)
Purchases Services - Clinic	62,325	65,254	2,930
IT, Network & Phones - Clinic	15,380	20,703	5,323
Supplies - Clinic	31,456	36,739	5,283
Supplies - 340B	19,374	19,936	562
R&M - Clinic	5,802	5,585	(217)
Leases/Rentals - Clinic	357	1,681	1,324
Utilities - Clinic	7,657	6,045	(1,612)

Clinics	Actual Mth	Budget Mth	Over/(Under)	% of Budget
Ins - Clinic	144	295	152	51.36%
Other - Clinic	14,645	13,082	(1,564)	-11.95%
Depreciation	15,626	14,825	(801)	-5.41%
	769,359	829,964	60,605	7.30%
Operating Income/(Loss) before Allocation	32,809	84,822	(52,013)	-61.32%
Allocation of Overhead for Health Centers	(175,105)	(152,228)	(22,877)	-15.03%
Change in Net Position	(142,296)	(67,406)	(74,890)	-111.10%

Patient Services variance due to providers, which were budgeted, did not occur, or occurred late so corresponding visits did not happen as expected. Capitation fees variance is due to higher patients on the rosters than anticipated. Salaries variance due to staff shortages and turnover of staff, resulting in less staff employed than budgeted, including those that produce visits. Physician fees variance due to new contractor for BH that was not budgeted.

Table 2 Clinics Year to Date

Clinics	Actual YTD	Budget YTD	Over/(Under)	% of Budget
Patient services (net)	7,155,541	8,274,847	(1,119,306)	-13.53%
Grant Revenue	1,809,521	1,891,861	(82,340)	-4.35%
340B Revenue	381,489	451,100	(69,611)	-15.43%
Capitation Fees	1,981,321	1,773,710	207,612	11.70%
Records & Interest	2,289	1,612	677	42.00%
Cost Report Adjustments	(1,471,088)	(1,400,000)	(71,088)	-5.08%
Quality	518,668	417,400	101,268	24.26%
	10,377,741	11,410,529	(1,032,788)	-9.05%
Salaries - Clinic	5,276,127	6,022,663	746,536	12.40%
Fringe - Clinic	1,210,678	1,287,538	76,860	5.97%
Phys Fees - Clinic	1,070,215	960,525	(109,690)	-11.42%
Purchases Services - Clinic	711,686	784,083	72,397	9.23%
IT, Network & Phones - Clinic	239,566	248,438	8,873	3.57%
Supplies - Clinic	328,880	462,909	134,030	28.95%
Supplies - 340B	256,634	245,932	(10,702)	-4.35%
R&M - Clinic	57,398	67,990	10,592	15.58%
Leases/Rentals - Clinic	4,487	20,175	15,688	77.76%
Utilities - Clinic	68,800	61,546	(7,254)	-11.79%
Ins - Clinic	2,015	3,544	1,529	43.14%
Other - Clinic	164,887	161,302	(3,586)	-2.22%
Depreciation	185,752	177,894	(7,858)	-4.42%
	9,577,124	10,504,539	927,415	8.83%
Operating Income/(Loss) before Allocation	800,617	905,990	(105,373)	-11.63%
Allocation of Overhead for Health Centers	(1,959,538)	(1,918,075)	(41,463)	-2.16%
Operating Income/(Loss) after Allocation	(1,158,921)	(1,012,085)	(146,836)	-14.51%
Non-Operating	1,672	-	1,672	-100.00%
	1,672	-	1,672	-100.00%
Change in Net Position	(1,157,249)	(1,012,085)	(145,164)	-14.34%

340B variance due to drug manufacturer blocks being implemented by the pharmaceutical companies. Quality variance is due to concerted effort to increase patient quality. Supplies variance is due to less ordering of clinic supplies than budgeted (did not have dental personnel anticipated all year long). R&M variance is due to delays in getting Split Rock up and running.

Chart A – Visits History Chart

Month	FY 17-18	FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23	FY 23-24
Jul	2,297	3,055	3,283	3,091	2,877	2,670	2,758
Aug	3,063	3,898	3,587	3,016	3,425	3,315	3,195
Sep	2,748	3,140	3,501	3,069	3,134	3,256	2,593
Oct	3,393	3,562	3,892	3,267	3,282	3,071	3,026
Nov	3,202	3,249	3,353	2,632	3,116	2,936	2,974
Dec	2,777	2,398	3,304	2,984	2,205	2,881	2,613
Jan	3,894	3,688	4,011	2,926	2,925	3,001	3,258
Feb	3,074	3,198	3,763	3,192	3,068	2,882	2,998
Mar	3,399	3,515	2,927	2,511	3,332	3,331	3,057
Apr	3,283	3,660	2,850	3,461	3,094	2,896	3,026
May	3,791	3,662	2,200	3,043	3,239	3,247	3,160
Jun	2,589	3,344	2,786	3,086	3,218	2,939	2,679
Total	37,510	40,867	38,673	37,288	37,415	36,425	35,337

Motion 24-33: MSC (Todd/Briggs) 5/0/3 motion carried to accept the June 2024 Financial report.

QUALITY REPORT (Q2) – Tricia Gehrlein, Chief Patient Experience/Compliance Officer

CPE/CO Gehrlein reported the following to the CHC Board:

Patient Satisfaction

Information monitoring has expanded to include:

- Response Rate: Number of surveys sent, returned, and undeliverable YTD:
 - Number of Surveys Sent = 6812
 - Number Returned = 509
 - Number Undeliverable = 513
 - Action – Front desk staff is addressing patient demographics.
- Median score average of all surveys:
 - Medical = 93.85%
 - Dental = 90.14%
 - Behavioral Health = 92.7%
- Key Factors (specific individual survey questions and responses):
 - YTD, all departments combined (but monitored separately):
 - Ease of Scheduling = 90.57%
 - Appointment at Time of Need = 85.67% (lack of dental provider)
 - Ease of Contacting = 88.76%
 - Ease of Check-In Progress = 93.43% (dental only)
 - Informed About Delays = 90%
 - Wait Time = 92.7%
 - Likelihood to Recommend Clinic to Others = 94.6%

NOTE: Additionally, patient comments are reviewed to identify trends or specific concerns.
No trends or concerns to be addressed.

Patient Grievances

- 21 grievances were received from April-June. One (1) grievance was received directly from a patient, 20 through IEHP reporting process, and one (1) through the Molina process. The categories of complaints include Quality of Care (6), Scheduling/Communication/Access (4), Provide Communication (3), Referral Process (4), and others (4). Full investigations and remediation has occurred.

Incident Reports (unusual events)

- 11 Incident Reports were received from April – June. The incident types include Disruptive Patient (6), Unusual Event (1), Unsafe Environment (1), Medical Emergency (1), and Unexpected Hospitalization after Clinic Visit (1).
- One (1) Employee Accident Investigation Report (AIR).

Life Safety Rounds

- 3 out of 10 clinics had life safety inspections conducted.
 - Due to the ongoing construction project, the Operations Manager was unable to complete all life safety inspections this quarter.
Resolution: The Operations Coordinator has been trained in conducting life safety inspections and will support this function to ensure all life safety inspections are conducted as scheduled.

Clinics

- One (1) reportable condition/disease, reported per San Bernardino Public Health Guidelines.
- One (1) medication/vaccine error.
- Expired medications and vaccines were wasted and reported per protocol and per Vaccine for Children (VFC) guidelines.

Dental

- Spore Tests = 13 complete, no failures
- UDS Sealant Measure = 96%
- Emergency Kits = In full compliance

CEO REPORT – Cindy Schmall, CEO

- Split Rock foundation now has a company that will install the foundation.
- Split Rock grading has begun; however, fencing was stolen so it had to be replaced.
- Currently trying to schedule to have the septic system and electrical installed and if all goes well we should be up and running for when Dr. Kim joins our staff in October.
- August is National CHC Week and we included something different for staff each day of the week. Culminating in a staff luncheon on Friday and giving out service awards.
- Tina Huff informed the Board of a new child psychiatrist that will be coming onboard soon. He lives in California but will be Telehealth, however, he will only be part-time with two (2) half days a week.

CALENDAR REVIEW

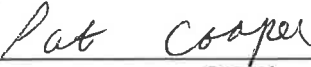
CEO Schmall reviewed the upcoming calendars with the Board members.

BOARD MEMBER COMMENTS

Pat Cooper thanked everyone for coming.

ADJOURNMENT

Meeting adjourned at 6:42 p.m.



Pat Cooper, Secretary of the Board

Minutes recorded by Beverly Krushat, CHC Board Clerk and Executive Assistant